

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
APR 13 1988  
OIL CONSERVATION DIVISION

I. Operator  
El Paso Natural Gas Company

Address  
PO Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Casinghead Gas  
 Dry Gas  
 Condensate  
 Other (Please explain)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Huerfano Unit	Well No. 287	Pool Name, including Formation Angel Peak Gallup	Kind of Lease State (Federal) or Fee	Lease No. SF-080895
Location Unit Letter <u>C</u> <u>500</u> Feet From The <u>North</u> Line and <u>1970</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>26N</u> Range <u>10W</u> , NMPM, <u>san Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 4289, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>5</u> Twp. <u>26N</u> Rge. <u>10W</u>	Is gas actually connected? _____ When _____

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Sean Cook  
(Signature)  
Drilling Clerk  
(Title)  
April 5, 1988  
(Date)

OIL CONSERVATION DIVISION  
APR 18 1988  
APPROVED \_\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 12-12-87	Date Compl. Ready to Prod. 2-4-88	Total Depth 6465'			P.B.T.D. 6457'				
Elevations (DF, RKB, RT, GR, etc.) 6122' GL	Name of Producing Formation Gallup	Top Oil/Gas Pay 5438'			Tubing Depth 5672'				
Perforations 5438, 5442, 5444, 5446, 5448, 5450, 5452, 5454, 5456, 5458, 5462, 5466' w/12 spz; 5610, 5614, 5618, 5622, 5626, 5630, 5634, 5658, 5664, 5668, 5674, 5678 w/ 12 spz							Depth Casing Shoe 6465'		
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
12 1/4"		8 5/8"			217'		177 cu. ft.		
7 7/8"		4 1/2"			6465'		1781 cu. ft.		
		2 3/8"			5672'				

**V. TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure		Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D 1587 AFG	Length of Test 1 hr gge.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-12)	Casing Pressure (Shot-12)	Choke Size